

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 3-18-03.

I. DISPUTE

Whether there should be reimbursement for CPT codes: 99242, 95935-26-27, 95900-26-27 and 95904-26-27.

II. FINDINGS & RATIONALE

Neither party submitted a contract to support services were reduced per contract; therefore, they will be reviewed in accordance with *Medical Fee Guideline*.

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MARS (Maximum Allowable Reimbursement)	Reference	Rationale
8-14-02	99242	\$95.00	\$90.00	C	\$90.00	Evaluation & Management GR (IX)	Not in dispute
	95935-26-27 (X6)	\$318.00	\$95.40	C	\$53.00/ extremity	Modifier -26 Medicine GR (IV)(B)	The claimant's symptomatology was low back pain at L2 to L5 paraspinal musculature bilaterally..studies are performed on the left and the right side for comparative interpretation. Per Medicine GR (IV)(B)(2)(b), Reimbursement for h and f wave testing is supported. Reimbursement of \$53.00 X 6 = \$222.60 is recommended.
	95900-26-27 (X4)	\$256.00	\$76.80	C	\$64.00/ nerve	Medicine GR (IV)	NCV report supports testing of Tibial and Peroneal nerves. Reimbursement of \$64.00 X 4 = \$256.00 is recommended. The difference between amount paid and MFG MAR is \$179.20.
	95904-26-27 (X4)	\$256.00	\$76.80	C	\$64.00 / nerve	Medicine GR (IV)	NCV report supports testing of Tibial and Peroneal nerves. Reimbursement of \$64.00 X 4 = \$256.00 is recommended. The difference between amount paid and MFG MAR is \$179.20.
TOTAL							The requestor is entitled to reimbursement of \$581.00.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement for CPT codes (95935-26-27, 95900-26-27 and 95904-26-27) in the amount of **\$581.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$581.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 8th day of April 2004.

Elizabeth Pickle
Medical Dispute Resolution Officer
Medical Review Division